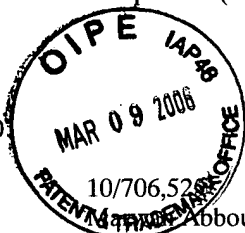




Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHRISTOPHER & WEISBERG, P.A.
200 East Las Olas Boulevard - Suite 2040
Fort Lauderdale, Florida 33301
Telephone: (954) 828-1488; Facsimile: (954) 828-9122



Re: Application No: 10/706,529
Applicant(s): Aboud, et al.
Filing Date: 11/12/2003
Entitled: CRYOABLATION CATHETER HANDLE
Attorney Docket No. 21819-119CONCON

Examiner: Michael F. Peffley
Group Art Unit: 3729

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first-class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

March 07, 2006

Roberta Sherman

Date of Signature and Mail Deposit

Name of Person Signing


Signature

Sir:

Transmitted herewith is a Reply to the Office Action mailed December 08, 2005.

The following checked items are applicable:

☒ A Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent No. 6,746,445 is herewith enclosed, as well as the small-entity terminal disclaimer fee of \$65.00.

☒ A Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent No. 6,440,126 is herewith enclosed, as well as the small-entity terminal disclaimer fee of \$65.00.

☒ Form PTO-2038 for \$130.00 as small entity fee for two statutory disclaimers is enclosed.

☐ A Petition for Extension of Time and the small-entity extension fee of \$60.00 for filing a response within the first month is herewith enclosed.

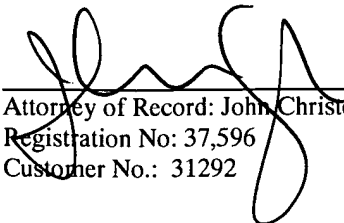
CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent: 2	4	0	x \$ 200.00 =	\$ 0
Total: 11	23	0	x \$ 50.00 =	\$ 0
Multiple Dependent Claims (1st presentation)			+ \$ 360.00=	\$ 0
SUBTOTAL ADDITIONAL FEE				\$ 0
Small Entity filing, divide by 2.				\$ 0
TOTAL ADDITIONAL FEE				\$ 0

☐ The fee has been calculated above; enclosed is a check in the amount of \$

☒ A self-addressed, stamped postcard for verification and receipt is enclosed.

☒ The Commissioner is hereby authorized to credit overpayments or charge payment of any additional fees associated with this communication to Deposit Account No. 502104.

Date: March 07, 2006


Attorney of Record: John Christopher
Registration No: 37,596
Customer No.: 31292